

Date Received: _____

CITY OF HUNTSVILLE PARKS AND RECREATION DEPARTMENT FACILITY USE APPLICATION

(Applicant must be 21 years of age or older)

Name of Group or Organization: _____

Is this a Non-profit Organization: Yes: _____ No: _____ (If YES, provide a copy of your 501(c)(3) information)

Do you have Group Liability Insurance? Yes: _____ No: _____ (Certificate naming City as co-insured may be required)

Contact Person (must be over 21): _____ Title: _____

Address: _____
Street City State Zip

E-mail Address: _____

Telephone: (home) _____ (work/cell) _____ Fax: _____

Activity: _____ Date: _____ Time: From: _____ To: _____

Description of Activity/Events: _____

Area(s) Requested (Gym, meeting room, etc.): _____

(Please be specific & list all areas you wish use, fee will be based on areas listed and usage will be limited to areas approved)

Will there be a fee charged for this activity? Yes _____ No _____ If yes, \$ _____ per _____

Is this activity open to the general public? Yes _____ No _____ Maximum Number of Attending: _____ Adults _____ Children _____

Will any of the following be involved? Decorations ___ Grill ___ Food ___ Alcohol ___ Band ___ Tent ___ Inflatables ___ Chairs # _____ Tables # _____

Other Info: _____

Submitted by: _____ Time: _____ Date: _____
(Applicant must be 21 years of age or older)

Reservations are made on a first come-first served basis.

Reservations are not confirmed until application is reviewed, all required documentation is received and full payment is received.

All documentation must be on file at least 48 hours prior to the scheduled event, or the City of Huntsville has the right to deny use of the requested facility.

Reservations must be cancelled five (5) business days in advance to qualify for a refund, IF APPLICABLE.

If Applicable, refunds require the return of the original receipt and a 3-6 week processing period.

=== NO REFUNDS FOR PAVILION RENTALS EXCEPT AS NOTED ABOVE ===

(To be completed by Parks and Recreation Department staff)

Application Received by: _____ Date: _____

Review Info: To be completed by the Programmer/Superintendent - use back if necessary.

Insurance: Not Required: ☐ Required: ☐ Initials: _____ Received/Attached: _____ Waived: _____Business License: Not Required: ☐ Required: ☐ Initials: _____ Received/Attached: _____Police Security: Not Required: ☐ Required: ☐ How Many? _____ Initials: _____

Payment: Total due: \$ _____ Due Date: _____ Fee Waived by: _____

Deposit: Amt. \$ _____ Rec by: _____ Receipt # _____ Date: _____

Payment Method: Cash Check Credit Card (varies by location) Money Order

Bal/Full Payment: Amt. \$ _____ Rec. by: _____ Receipt # _____ Date: _____

Payment Method: Cash Check Credit Card (varies by location) Money Order

Approval/Denial Notes: _____

Application Approved/Denied by (see Status Below): _____

Status: Approved: _____ Denied: _____ Date: _____

Note: A copy of this application for all events over 100 people or requiring Police Services is to be routed through the chain of command immediately upon approval for informational purposes. A copy of all documentation (Insurance, Business License, etc.) is to be included.

(To be completed after event by group or organization)

Actual Number Attended: _____ Signature: _____

Authorized representative of group or organization